



DOCKET NO. 1343430-134411

ITEM NO. 200

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Postal Regulatory Commission

Submitted 9/12/2011 2:18:53 PM

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Accepted 9/12/2011

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☒ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

Please complete both sides

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

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☒ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

IF ITS ACTUALLY DELIVERED TO OUR HOME
NOT SOME METAL BOX SOMEPLACE OUTDOORS

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping WATERTOWN

☐ Personal needs II

☐ Banking ONLINE

☐ Employment RETIRED

☐ Social needs WATERTOWN

5. Do you currently use local businesses in the community?

☐ Yes

☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes

☐ No

Name:

KEN & PHYLLIS HERBERGER
(Please print your name)

Address:

PO BOX 24

Telephone number:

315 686-3887

Date:

4/24/11
Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Because of hrs - work can't get there

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☐ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

If yes, which offices: ☒ Yes ☐ No many

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

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☒ Better ☐ Just as Good ☐ No Opinion ☐ Worse

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If yes, please explain:

We both work - impossible to get to Post office during open hours would prefer delivery!!!

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping _____

☒ Personal needs _____

☒ Banking _____

☒ Employment _____

☒ Social needs _____

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: Susan + Mark Kellogg

(Please print your name)

Address: Box 463 Fishers Landing NY 13641

Telephone number: (315) 489-5252 Date: 4/25/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Also still having trouble having mail sent (forwarded) to Florida that should not be sent.

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <i>OCCASIONALLY</i>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☒ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☒ No Opinion

☐ Worse

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If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Alexandria Bay - NOT DAILY

☒ Personal needs " " " "

☒ Banking " " " "

☒ Employment retired

☒ Social needs Alexandria Bay - not daily

5. Do you currently use local businesses in the community?

☒ Yes

☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes

DON'T KNOW

☐ No

Name:

ALVER FOWLER

(Please print your name)

Address: 42010 COUNTY RTE 195 FISHERS LANDING NY 13641

Telephone number: 315-686-4199 Date: 4-22-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☐ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☒ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse:

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If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Clayton - Watertown

☐ Personal needs " "

☐ Banking Internet

☐ Employment NA

☐ Social needs NA

5. Do you currently use local businesses in the community?

☒ Yes

☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes

☐ No

Name: Peter and SALLY HIDE

(Please print your name)

Address: PO BOX 37 Fishers Landing N.Y. 13641

Telephone number: 315-686-3519 Date: 4-19-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Our biggest problem is changing the P.O. Box No. for ALL our mail

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☐ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☐ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☒ No Opinion

☐ Worse

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If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping _____

☐ Personal needs _____

☐ Banking _____

☐ Employment Retired

☐ Social needs _____

5. Do you currently use local businesses in the community?

☒ Yes

☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes

☐ No

Name:

ANNE C. KEELER

(Please print your name)

Address: WINTER/3685 SAYBROOK PL SUMMER PO. Box 21

Telephone number: BONITA SPRINGS FL 34134 239-405-7591 315-686-2544 Date: Fishers Landing 13611 April 20, 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.



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A Special Note...

As I am a summer resident of Fishers Landing it is difficult to fill out this form. When at the Landing I am at the post office daily and buy stamps as needed.

On leaving in the fall I buy stamps to take with me. I am in a mobile home part on the landing and I can't see home delivery as an alternative.

I would feel very sad if

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A Special Note...

Our post office would close.
The post office is a focal
point on the landing, where
you see your friends and
neighbors daily.

Anyone that sees our post
office on the landing sees the
charm of the building, this
helps make a community.

I'm sorry I won't be back to
meet with personnel @ the
p.o.

Please consider keeping it open

Sincerely Anne C. Kaler

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☒ Yes ☐ No

If yes, please explain: family shares in the pick-up of mail.

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No
If yes, which offices: Both P.O. are downtown - and out of the way.
Grocery stores are on Rte. 12 - main drag!

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse:

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If yes, please explain:

We enjoy socializing with other patrons and the clerk. I know my mail is @ the P.O. in the AM - carrier, not so. I can call to ask if certain pkg has arrived or been picked up by family.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Alex Bay, Clayton

☒ Personal needs Watertown

☒ Banking Alex Bay, Clayton

☐ Employment Not

☒ Social needs Church - Alex Bay

5. Do you currently use local businesses in the community?

☒ Yes

☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes

☐ No

(they are not in Fishers Landing)

Name:

Eleanor M Jeffries

(Please print your name)

Address: P.O. Box 148, Fishers Landing N.Y. 13641

Telephone number: 315-285-5075 Date: 04-20-2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

**Postal Service Customer Questionnaire**

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc.

☐ Yes ☒ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better ☒ Just as Good ☐ No Opinion ☐ Worse

If yes, please explain:

WOULD STILL GET OUR MAIL ON A DAILY BASIS.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping ALEXANDRIA BAY, ~~THE~~

☒ Personal needs ALEX. BAY

☒ Banking ALEX. BAY

☒ Employment RETIRED W/ FIXED INCOME

☒ Social needs CLAYTON + ALEX. BAY

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☒ No

Name:

JAMES + DOROTHY O'BRIEN

(Please print your name)

Address: PO BOX 241 FISHERS LANDING NY 13641

Telephone number: 315-686-4474 Date: 4-22-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

WITH GAS PRICES STEADILY RISING, IT WILL CREATE
HARDSHIPS FOR MANY PEOPLE, ESPECIALLY FOR THOSE
OF US WITH A LOW FIXED INCOME. MANY CAN'T
AFFORD THE FUEL INCREASES FOR OUR VEHICLES TO DRIVE
AN EXTRA 10 MILES DAILY TO PICK UP OUR MAIL.

THANK YOU FOR CONSIDERING OUR REQUEST TO MAINTAIN
THE FISHERS LANDING POST OFFICE.

Please complete both sides

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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f. Buying money orders	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☐ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☐ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☐ No Opinion



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If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping _____

☒ Personal needs _____

☒ Banking _____

☒ Employment _____

☒ Social needs _____

5. Do you currently use local businesses in the community?

☒ Yes

☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes

☐ No

Name:

Arthur C. Parish

(Please print your name)

Address: P.O. Box 462 Fishers Landing, NH - 13641

Telephone number: 315-686-3375 Date: 4/22/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☒ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☒ No Opinion

☐ Worse:

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If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping _____

☐ Personal needs _____

☐ Banking _____

☐ Employment _____

☐ Social needs _____

5. Do you currently use local businesses in the community?

☒ Yes

☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes

☐ No

Name:

Michael P. Mahony owner / manager of Wooden Boat Specialties
(Please print your name)

Address: PO Box 17 + 425 Fishers Landing NY 13641

Telephone number: 315-482-4796 shop Date: 4/18/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☒ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

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If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping WATERTOWN

☐ Personal needs WATERTOWN

☐ Banking CLAYTON

☐ Employment FISHERSLANDING, LAFAREVILLE

☐ Social needs WATERTOWN

5. Do you currently use local businesses in the community?

☒ Yes

☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes

☐ No

Name:

LIEV DYONG
(Please print your name)

Address: P.O. Box 94, FISHERSLANDING, N.Y. 13641

Telephone number: 315-686-3874 Date: 4-19-2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☒ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

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☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

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If yes, please explain:

I rely heavily on this post office for mailing things out and getting my mail early for efficient business use.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping Watertown, NY

☐ Personal needs Watertown, NY

☐ Banking Watertown, NY

☐ Employment Everywhere

☐ Social needs —

5. Do you currently use local businesses in the community?

☒ Yes

☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes

☐ No

Name:

DEAN SAMSON

(Please print your name)

Address: 41913 Bay Ave Fishers Landing, NY 13641

Telephone number: (315) 686-1204 Date: 4-19-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <i>occasionally</i>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <i>occasionally</i>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☒ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☒ No Opinion

☐ Worse

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If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping _____

☒ Personal needs _____

☒ Banking _____

☐ Employment _____

☒ Social needs _____

5. Do you currently use local businesses in the community?

☒ Yes

☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes

☐ No

Name:

(Please print your name)

Address: _____

Telephone number: _____

Date: 4/20/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Not relevant to this survey - but
one of the part time employees smokes
"out back with the door open" Lobby
stinks of smoke when he is
working

Please complete both sides

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☒ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better ☐ Just as Good ☐ No Opinion

☒ Worse
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If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping Walmart - Leray
☐ Personal needs Alex Bay
☐ Banking N/A
☐ Employment Clayton
☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name: Pamela Judson

(Please print your name)

Address: 17911 Reed's Pt. Rd. PO Box 121, Fishers Landing, NY 13641

Telephone number: 315-686-4438 Date: April 18, 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Up until June 2009 I was the PMR at the Fishers Landing Post office. The main reason for my leaving was due to the transient OIC's that kept coming and going. I think having a Postmaster in place would help maintain a more stable office and keep the revenue flowing.

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☒ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

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If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping CLAYTON AND WATERTOWN

☐ Personal needs " "

☐ Banking WATERTOWN

☐ Employment N/A

☐ Social needs

5. Do you currently use local businesses in the community?

☒ Yes

☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes

☐ No

Name: JAMES GIAMBRA

(Please print your name)

Address: 18078 REED POINT RD., FISHERS LANDING, NY 13641
P/O BOX 119

Telephone number: 315-681-1688 Date: 4-18-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☒ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

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☐ Better

☐ Just as Good

☒ No Opinion

☒ Worse:

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If yes, please explain:

I like having our post office it is convenient and
with my son in Afghanistan it makes it quick + easy to mail him
boxes.

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Clayton

☒ Personal needs Clayton

☒ Banking Clayton

☒ Employment Charmant

☒ Social needs LaFargenville, Clayton

5. Do you currently use local businesses in the community?

☒ Yes

☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes

☐ No

Name: Marcy Peña
(Please print your name)

Address: P.O. Box 136 41880 Baust Fishers Landing, NY 13641

Telephone number: (315) 285-5259 Date: 4-20-2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☒ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☐ No Opinion

☒ Worse

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If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping _____

☐ Personal needs CLAYTON / A-BAY

☐ Banking CLAYTON / WATERTOWN

☐ Employment UNEMPLOYED

☐ Social needs WATERTOWN

5. Do you currently use local businesses in the community?

☒ Yes

☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes

☒ No

Name: BARRY CHALK

(Please print your name)

Address: Box 65 Fishers Landing NY 13641

Telephone number: 315-686-5782 Date: 4/18/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire. 13641

We would lose our Identity. We And My Family business has been using this P.O. Since it came to town 60 yrs ago - Maybe cut back on outrageous postal expenses like - I know a Letter Carrier (Rural) that is knocking down 62-70,000. A year to deliver mail by car. I would do it for under 35,000.00 yr

Please complete both sides
stuff like that is waste R Chalk

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☒ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

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☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

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If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping Clayton

☐ Personal needs _____

☒ Banking Clayton

☐ Employment Retired

☒ Social needs Walmart or Clayton

5. Do you currently use local businesses in the community?

☒ Yes

☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes

☐ No

Name:

Joseph D Hunter Sr
(Please print your name)

Address: 42124 Fishers Landing Rd Fishers Landing, NY

Telephone number: 315 771-6264 Date: 04-18-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Picking up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings ☒ Yes ☐ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☒ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☒ Yes ☐ No

If yes, which offices: CLAYTON _____

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

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4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping WATER TOWN, CLAYTON

☒ Personal needs " "

☒ Banking ALEXANDRIA BAY

☒ Employment CAPE VINCENT

☐ Social needs _____

5. Do you currently use local businesses in the community?

☒ Yes

☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes

☐ No

Name: PATRICIA G. WOOD
(Please print your name)

Address: P.O. Box 224 CLAYTON, NY 13624

Telephone number: 315-686-2887 Date: 4-18-11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

I rent a box in Clayton only because their hours are more conducive to my work hours. Window Service is more effective at Fishers Indg. I live close to Fishers Indg., and work nights (7p-7a).

Please complete both sides

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☒ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better ☐ Just as Good ☐ No Opinion ☐ Worse

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If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping WATERTOWN

☒ Personal needs WATERTOWN

☒ Banking CLAYTON

☐ Employment NA

☒ Social needs CLAYTON

5. Do you currently use local businesses in the community?

☐ Yes ☒ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

Name:

NANCY C. SMITH
(Please print your name)

Address: 18019 Reed Point Rd., FISHERS LANDING, NY 13641

Telephone number: 315-686-2486 Date: 4/19/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☒ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better

☒ Just as Good

☐ No Opinion

☐ Worse

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If yes, please explain:

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping

☒ Personal needs

☒ Banking

☐ Employment

☒ Social needs

5. Do you currently use local businesses in the community?

☒ Yes

☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes

☐ No

Name:

JOHN CHALK

(Please print your name)

Address:

P.O. Box 46 FISHERS LAKE

Telephone number:

315-686 3509

Date:

4/18/11

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☒ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes

☒ No

Retired

If yes, which offices: _____

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☒ Better

☐ Just as Good

☐ No Opinion

☐ Worse

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If yes, please explain:

More Convenient

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping A-Bay - Clayton Waterbury

☒ Personal needs _____

☒ Banking A-Bay

☐ Employment _____

☒ Social needs A-Bay Clayton

5. Do you currently use local businesses in the community?

☒ Yes

☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes

☐ No

Name:

Fred Cayneff

(Please print your name)

Address:

PO Box 95

Telephone number:

Date:

4/26/2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the **Fishers Landing** Post Office for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other postal services:

a. Entering permit mailings ☐ Yes ☒ No

Non-postal Services

a. Assisting senior citizens, persons with disabilities, etc. ☐ Yes ☒ No

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work shopping, or for personal needs?

☐ Yes ☒ No

If yes, which offices: _____

If you now receive carrier delivery, there will be no change to your delivery service - proceed to question 4.

3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service will compare to your current service?

☐ Better ☐ Just as Good ☐ No Opinion

If yes, please explain:

~~Worse~~
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4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☒ Shopping BIG M, ALEX BAY AND/OR CLAYTON

☒ Personal needs KINNEY DRUGS

☒ Banking WATERTOWN SAVINGS

☐ Employment _____

☒ Social needs OPERA HOUSE, WINERY, RESTAURANTS

5. Do you currently use local businesses in the community?

☒ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☒ Yes ☐ No

Name: NICHOLAS + JUDITH BARBRIE

(Please print your name)

Address: P.O. Box 11, Fishers Landing, N.Y. 13641

Telephone number: (712) 631-3725 Date: APR. 26, 2011

Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.

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As a ~~retired~~ senior living
on Social Security, it would
be an added strain on my
budget having to drive an
extra 10 miles, round trip,
to Clayton, everyday, to pick
up and drop off mail.

I'm from the old school
and pay my bills by mail.
I don't like the internet
but it looks like I may
have to join the masses
and stop buying stamps
and save gas by not leaving
home.

The government ought to
get out of the postal service
and turn it over to a
business that could turn
a profit.

I would offer a suggestion

that the Fishers Landing
Post Office close down on
Saturdays and if need be, only
be open three days a week,
~~Monday~~, Wednesday and
Friday. Also maybe it
could reduce those hours
to (4) four.

Anything would be better
than having to drive into
Clayton or Alex Bay. If gas
keeps going up, I won't be
going anywhere!

Judy Barrie

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